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<b>SERIAL NUMBER</b> 10/687,143	<b>FILING OR 371(c) DATE</b> 10/16/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> CRD-5055
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* ↙

\*\* FOREIGN APPLICATIONS \*\*\*\*\* ↙

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/21/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 20	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>Kathleen Smith</i> 9/26/06 Initials				

## ADDRESS

000027777

## TITLE

Stent design having stent segments which uncouple upon deployment

<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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